Page - 2

We have no need to keep this information withheld, however you may wish to contact the company regarding any confidentiality claims it may have, prior to releasing it. Also, section 25(c) of the CPSA may apply.

Feel free to call me if you have questions.

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## FILE COPY

Dr. James Keating

St. Louis Children's Hospital

St. Louis, Missouri

RE: CPSC ID 80-16 Wham-O Mfg. Co. Fun Fountain

Dear Dr. Keating:

Enclosed please find a copy of CPSC's press release on the Wham-O Fun Fountain water toy, which you requested.

In order to receive injury information on this toy, you would need to make a written request directed to the Freedom of Information Officer, Office of the Secretary, U.S. CPSC, 1111 18th Street, N.W., Washington, DC 20207.

A CPSC field inspector will be in touch with you in the near future to discuss the injury to your patient.

We appreciate your cooperation and assistance.

Sincerely,

Sondra Shimasaki Corrective Actions Division Compliance and Administrative Ligitation Directorate

Enclosure

cc: Los Angeles Area Offica 3660 Wilshire Boulevard, Suite 1100 Los Angeles, California 90010

> Kansas Area Office Traders National Bank Building, Suite 1500 1125 Grand Avenue Kansas City, Missouri 64106

VS

CONS	SUMER PRODUCT	L COMPLAIN.	T REPORT HI50001			
1. NAME OF COMPLAINANT Dr. James Keating		2. TELEPHONE NO 314-367-68				
4. STREET ADDRESS St. Louis Children's Hospital		5. CITY, STATE, ZIP CODE St. Louis, MO				
6a. DESCRIPTION OF PRODUCT(S)  □ Objects to release of name.						
Fun Fountain Water Toy						
7. BRAND NAME Wham-O		8. MODEL/STYLE NO.				
9. SERIAL NO.		10. LOT/BATCH NO.				
11. MANUFACTURER, IMPORTER OR DISTRIBUTOR NAME AND ADDRESS Wham-O Mfg. Co. 835 East El Monte Street San Gabriel, CA 91778		12. DEALER NAME AND ADDRESS unknown				
13. HOW PRODUCT ACQUIRED Purchased New  Se	cond Hand 🗆 Oth	ner □ Speci	ify			
14. SAMPLE AVAILABLE Yes : No :	15. WARNING LABE Yes 🗆 No 🗓	L	16. INSTRUCTIONS TO Yes   No   Co			
17. PRODUCT DAMAGED BEFORE INCIDENT Yes D No D	18. PRODUCT REPAIRED BEFORE INCI Yes I No I	DENT AFTER (ESTIMATE IF NECESSARY)				
1F	INJURY OR ILLNESS	COMPLETE ITEM	IS 20 - 24			
20. VICTIM'S AGE 2 4 years	1. VICTIM'S SEX Male □ Female 🔀	22. BODY PART(S)				
23. TYPE OF INJURY OR ILLNESS Burn C		Other G Specify _	see below			
24. MEDICAL TREATMENT RECEIVED						
Physician's Office   Emergency Room   Other Hospital   Other   Scecify    25. Give Details of Complaint injury or illness. Describe how incident occurred. Use reverse SIDE if NECESSARY  Dr. Keating called to report that he treated a young girl who suffered arterial bleeding of her vaginal wall due to sitting on a Fun Fauntain Toy. A transfusion was required, as well as surgery to control the hemmoraging.						
Note: This was reportedly an unmodified to the Fun Fountain See press release on 5 the repair program. Shimasaki						
7un 7 *repair	ountain - Se - program.	e pues x	Q: 16%51			
FOR COMMISSION USE ONLY SOURCE:						
26. RECEIVING OFFICE 27	DATE RECEIVED 4/30/81	28. RECEIVED BY S.Shimasak				
29. SOURCE OF REPORT Letter Phone X Visit Other Specify  30. DOCUMENT NO.						
31. FOLLOW-UP ACTION No letter - Copy to S.Shimasaki. Assign IDI  32. PRODUCT CODE(S)						
33. DISTRIBUTION CO, HIA, F	ile, LOS RO	34. ENDORSER'S NA	AME AND TITLE			
CBSC FORM 175A (Bib), upg 3 ***.	·		COPY 1 FILE			
•			<i>l</i> l '			

## HIEI INVESTIGATION REQUEST FORM

To Be Completed by Requestor:
1. Incident Number: H 15 000
2. Source: Complaint by Doctor Area Office Document No.
3. Date of Incident: Approximately April 28, 1981
4. Type of Follow-Up Request:  XX In-Depth Investigation
5. Assignment Message: Please contact Dr. James Keating
St. Louis Children's Hospital, St. Louis, Missouri to begin doing
in-depth investigation to find out the injury suffered by the
girl and the extent of the modical treatment administered.
Dr. Reating indicated that he would provide the CPSC investigator
with the name of the victim's parents at the interview. Please
follow up at the parents' home to complete the accident investigation
Please call Dr. Keating to make an appointment. His number at
the hospital is 314/367-6880 extention 378 or 379. If you have
trouble reaching him there, his home number is 314/727-6120.  Product Involved: Fun Fountain
Contact: Dr. Keating at above numbers and address
Requested By: Sandra Shimasaki . Org: CACA
To Be Completed By HIEL:
Task Number:
A/O Assigned: Date:
Mailed To:A/O Date:
1/2

CONSUM	ER PRODUCT	COMPLA	INT Hall	PORT H150001		
1 NAME OF COMPLAINANT Dr. James Keating		2. TELEPHONE NO. 314-367-6880		3. DATE OF INCIDENT about 4/28/81		
4. STREET ADDRESS St. Louis Children's Hospital		5. CITY, STATE, ZIP CODE St. Louis, MO				
6a. DESCRIPTION OF PRODUCT(S)  Objects to release of name.						
Fun Fountain Water Toy	☐ Does not obj of name. u	ect to release nknown	6b. DATE A	COUIRED unknown		
7. BRAND NAME Wham-O		8. MODEL/ST	YLE NO.			
9. SERIAL NO.	·	10. LOT/BATC	H NO.			
11. MANUFACTURER, IMPORTER OR DI NAME AND ADDRESS Wham-O Mfg. Co. 835 East El Monte Street San Gabriel, CA 91778	12. DEALER NAME AND ADDRESS  unknown					
13. HOW PRODUCT ACQUIRED Purchased New ☐ Second	Hand □ Othe	er 🗆 İ	Specify			
14. SAMPLE AVAILABLE Yes □ No □	15. WARNING LABE	L		STRUCTIONS IS D No D		
BEFORE INCIDENT Yes D No D	PRODUCT REPAIRED BEFORE INCID	DENT AFTE Yes □	R	19. AGE OF PRODUCT (ESTIMATE IF NECESSARY)		
IF INJ	URY OR ILLNESS	COMPLETE :	TEMS 20 -	24		
	TIM'S SEX e □ Female <b>XX</b>	22. BODY PAR	RT(S) INVOLV vagina	ED		
23. TYPE OF INJURY OR ILLNESS  Burn						
24. MEDICAL TREATMENT RECEIVED  Physician's Office  Emergency Room  Other Hospital  Other  Specify						
25. GIVE DETAILS OF COMPLAINT, INJ SIDE IF NECESSARY.  Dr. Keating called to reposure arterial bleeding on a Fun Fauntain Toy. A surgery to control the her	ORY. OR ILLNESS. DES ort that he trea g of her vaginal transfusion was	cribe how in ted a youn wall due	g girl wh to sittin	o g		
Note: This was reportedly an unmodified  Fun Fountain See press release on  repair program. Shimasaki						
repair program. Shinasaki						
DE RECEIVANC OFFICE	FOR COMMISS	SION USE OF		SOURCE:		
1 1 1	/30/81		asaki/kos			
29. SOURCE OF REPORT Letter Phone X Visit Other Specify  31. FOLLOW-UP ACTION No letter - Copy to S.Shimasaki. Assign IDI  32. PRODUCT CODE ST						
33. DISTRIBUTION CO, HIA, File	34. ENDORSE	R'S NAME AN	D TITLE			
CPSC FORM 175A (Revised 4-77)			//	COPY 1 FILE		

April 30, 1980

Mr. Kenneth Millard Vice President, General Counsel Wham-O Mfg. Co. 835 East El Monte Street San Gabriel, CA 91778

Re: CPSC ID 80-16

Dear Mr. Millard:

The Product Defect Correction Division has reviewed Wham-O Mfg. Co.'s proposed corrective action plan for your Fun Fountain water toy and has presently accepted your plan as adequate. The Commission reviews firms' corrective action plans on a quarterly basis with the next review session in Summer 1980. Although the Commission has the final authority in this matter, in the absence of notice to the contrary, you may consider your corrective action plan accepted by the Commission.

Since you have already begun to implement your corrective action plan, please continue. The Commission's Los Angeles Area Office will be monitoring your firm's corrective action plan. Please submit progress reports of your recall to Andre Marcos of the Los Angeles Area Office at the address listed below with a copy to this Division.

The Commission staff will be evaluating the effectiveness of your plan. Broader corrective action could be sought from you if the corrective action plan does not prove effective.

114 M

Page 2 Mr. Kenneth Millard Wham-O Mfg. Co.

When you feel the corrective action plan has been implemented to the best of your ability, please submit a final progress report to Andre Marcos and request that the file be closed. At that time the degree of your progress will be reviewed and this office will decide whether or not the file should be closed.

Thank you for your continued cooperation and assistance. If you have any questions, please contact either Andre Marcos on 213/688-7272 oroSandra C. Shimasaki &n 301/492-6608.

Sincerely yours,

Catherine C. Cook, Director Product Defect Correction Division Compliance & Enforcement Directorate

Consumer Product Safety Commission Andre Marcos Los Angeles Area Office 3660 Wilshire Boulevard, Suite 1100 Los Angeles, CA 90010

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	MEMO RECORD	AVOID ERRORS PUT IT IN WRITING	PATE  ***********************************
FROM:	Jenáře Slávasski, CFFD		OFFICE
TO:	Mle feirscein, 09		DIVISION

SUBJECT: Ouption for Ton Fountist Dicture

## SUMMARY

... The erder to be nonelected a specific process release agreed to by Mann-O league at the Constitution of the Constitution o

"The worst stream which couses the het to rise in the sir could couse hujaries to children's ayes."

illesonsh CTTO finds this accessable such the blove change, we believe on the solution of said three coopers.

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DOCUMENT NUMBER

SIGNATURE

Ken Millard / Shimasaki 3-26-80 Telecon Millard Called, had two questions 1) Retailer wanted to Cut off bottom line on poster "This is not a recall, no returns will be accepted" because retailers policy was is to no problem with That. 2) Retailer asked how long it should be pasted. I told Millard he could tell retailer that Commission recommends that poster le displayed for not less Than 120 days.

Telecon Pat Kouleau/Shimasaki Zayres 617-655-7300 ext 202 After talking of Ken Millard at Wham-O poster sige Whem-D provided & called Ms. Rouleau at Zayres to Alu Stated the size poeter provided (22" x 28") would not fit anywhere in their joy clepts because it is too large. The stated they would prefer to put at front entrance and "fol told her It endlorsed His idea. I asked her if the pooler could be put on a wall a window in the first litteance. The stated these was limited space in the lutiance areas and that the Lid not think this large paster would fit feasible to use The 25" x 28" poster Then they could reduce it to a 17" x 21" size buit that the 11" x 14" size was not acceptable.